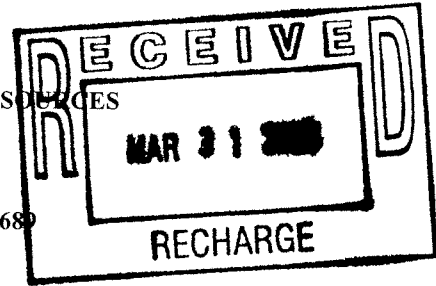


ARIZONA DEPARTMENT OF WATER RESOURCES

Water Management Division
3550 North Central Ave, 2nd Floor
Phoenix, Arizona 85012-2105
Phone (602) 771-8585 Fax (602) 771-8689



Modification to Recovery Well Permit No. 74-575985.0001
APPLICATION FOR A RECOVERY
WELL PERMIT (§ 45-834.01)

APPLICATION FEE OF \$ 50.00 PER WELL FOR
THE 1ST 10 WELLS PLUS \$ 10.00 PER WELL
THEREAFTER IS DUE UPON FILING.

PERMIT FEE (SAME AS APPLICATION FEES), PLUS
NOTICE AND PUBLICATION FEES TO BE DETERMINED,
ARE DUE PRIOR TO ISSUANCE OF PERMIT.

PLEASE SUBMIT ONE ORIGINAL AND TWO COPIES OF THE
COMPLETED APPLICATION AND ALL SUPPORTING MATERIALS.

FOR OFFICE USE ONLY

Application No.: 74-575985.0002

Date Received: 3-31-08

1. Name of Applicant: Fountain Hills Sanitary District
16941 E. Pepperwood Circle, Fountain Hills, Arizona 85268
Mailing Address City State Zip
Contact Person Ronald D. Huber Telephone (480) 837-9444 Fax (480) 837-0819
2. Name of Active Management Area or Irrigation Non-Expansion Area if applicable, and name of groundwater basin and subbasin where the facility will be located Phoenix AMA, Fountain Hills Sub-basin
3. Name of the owner(s) of the land where wellsites are located Town of Fountain Hills
Mailing Address 16705 E Avenue of the Fountains, Fountain Hills, Arizona 85268
(If more than one owner, attach a list showing corresponding land owner and well registration number(s)).
4. Legal description of the land where water will be used Within the town of Fountain Hills incorporated boundary
(quarter/quarter/quarter/section, township and range)
* FHSD is the well owner. *
5. The recovered water will be used for Municipal and industrial purposes

6. The recovery wells will be used to recover water stored pursuant to Water Storage Permit No. 73-591940
 or long-term storage account number. 70-441175

7. Complete the following for each constructed well. If data supplied differs from the ADWR well registry, please submit a change of well information form. Attach supplement if needed.

Name of Well Owner	Well Registration Number	Location: ¼, ¼, ¼, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Date Well Constructed
*FHSD	55-587029	SW¼, SE¼, NE¼ 15, 3N, 6E	450	905	30" 0-40' 18" 0-900'	725	11/30/01

* Adding ASR-#5 to 4 wells currently permitted

8. Complete the following for each proposed well to be constructed.

Well Registration Number	Location: ¼, ¼, ¼, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Estimated Date of New Well Construction	Estimated Time Required To Complete Well

I (We), Ronald D. Huber, P.E., the applicant(s) named in this application, do hereby certify under the penalty of perjury, that the information contained and statements made herein are to the best of my (our) knowledge and belief true, correct and complete.

(480)837-9444
Telephone

Ronald D. Huber
Signature of owner or authorized agent

 District Manager
Title

16941 E Pepperwood Circle, Fountain Hills, Arizona 85268
Mailing Address City State Zip

STATE OF ARIZONA)
County of Maricopa) ss.

Subscribed and sworn to before me this 28 day of March, 2008.

Peggy L. Olsen
Notary Public

10/01/08
My commission expires:

